

Clarion Wrestling

Clarion University has produced some of college wrestling's greatest names.

Clarion Golden Eagles have placed forty-six All-Americans and eight National Champions at the NCAA tournament. Today's young men can learn in the same environment that produced these legendary men of wrestling.

We offer a variety of camp options that will meet the needs of the most advanced wrestler to the beginning athlete. Camps stress the importance of wrestling technique, as well as mental preparation, weight management, and strength and conditioning practices tailored to each camper's needs. All camps are staffed by NCAA Division I wrestlers in training for the collegiate season and summer Olympic-style competition.



Keith Ferraro
Head Coach



Kyle Kiss
Assistant Coach

Acceptance and Application Questions

You may apply as soon as you receive an application. We will confirm the receipt of your application to the email address you provide when we receive it.

1. Upon acceptance, you will receive all pertinent information necessary to make your stay pleasant.
2. You may choose your roommate at registration.
3. No refunds—no exceptions. A substitute can be made without penalty.
4. We work approximately seven hours a day on the mats with live wrestling every day.

Other Activities

- Wrestlers stay at Clarion University's secure suites.
- Swimming is available at Tippin Gymnasium.
- Great food provided for each meal at Eagle Commons Dining Hall.

Medical Facilities

In case of an emergency, the medical facilities of Clarion Hospital are within three miles of the university campus. Clarion University sports medical staff will be present at all camp sessions.



WRESTLING CAMPS 2016



Register at
www.clariongoldeneagles.com/wrestling

NCAA



Clarion Wrestling provides specialized camps for whatever your needs may be!

**TEAM CAMPS
June 19-22***

Team Camp is open to both INDIVIDUALS and TEAMS looking for technique development and daily competitions. All junior high and high school wrestlers receive one-on-one coaching and the opportunity to wrestle in at least 11 refereed matches.

Individuals are appropriately placed onto a camp team so that weight classes are evenly divided for competitions. Campers compete in every dual meet and the individual tournament at the end of the week. We use the Madison system for weigh distribution, allowing each team to form a 14- to 16-man roster for dual competitions. If a school team cannot fill the roster, individual campers will fill in weight classes for dual meets.

Awards will be given to the championship team and the champion from each individual bracket. Athletes will have the opportunity to take two competition awards home from camp.

8 a.m.	Breakfast
9-11 a.m.	Tech Session with Clarion Coaching Staff/ Individual Instruction with your Camp Team
11 a.m.-1 p.m.	Lunch
1-2:45 p.m.	Review Tech Instruction
3-4 p.m.	Team Dual Meet #1
3-4 p.m.	Open Swim
4-6 p.m.	Dinner
6:30-8:30 p.m.	Team Dual #2, #3, Individual Coaching Critiques
8:30 p.m.	Camp Meeting
8:30-10 p.m.	Open Swim
10:45 p.m.	Room Check
11 p.m.	Lights Out

**TECHNIQUE CAMP
June 19-22***

Campers will enjoy detailed instruction in all areas. Wrestlers will build on basic skills, as well as develop advanced techniques that will show next season. The sessions will include plenty of time to review new techniques so campers can bring something home from camp, in addition to the great memories. Live wrestling sessions will be woven throughout the daily schedule to allow wrestlers to apply what they're learning to match situations.

8-9 a.m.	Breakfast
9-10:30 a.m.	Session I
11 a.m.-1 p.m.	Lunch
1-2:45 p.m.	Session II
3-4 p.m.	Open Swim
4-6 p.m.	Dinner
6:30-8:30 p.m.	Session III
10:45 p.m.	Room Check
11 p.m.	Lights Out

Clarion University is located off I-80, Exit 64.



www.clarion.edu

**FATHER/SON CAMP
June 24-26***

Parents and wrestlers learn wrestling skills and techniques while enjoying a weekend together doing what they love... wrestling! Time is given both on and off the mats to focus on fundamental takedowns, pinning combinations, escapes, and defensive techniques. Campers receive three sessions on Friday and Saturday before closing out camp with a mid-morning session on Sunday. Parents receive mental and physical coaching tips to help their sons prepare for wrestling matches and tournaments.

Whether you're an experienced wrestling dad or a newcomer to our sport, the camp will improve your knowledge and love of wrestling. The community also provides many extra opportunities for a parent and wrestler to enjoy time off the wrestling mat. The Clarion River, Cook Forest State Park, and local outdoor activities allow for excellent quality time that both will remember for a lifetime. Campers usually range in age from 5-12 years old.

8-9 a.m.	Breakfast
9-10:30 a.m.	Session I
11 a.m.-1 p.m.	Lunch
1-2:45 p.m.	Session II
3-4 p.m.	Open Swim
4-6 p.m.	Dinner
6:30-8:30 p.m.	Session III



Clarion camps are held in the state-of-the-art, air-conditioned Student Recreation Center.



****Optional air-conditioned housing is available in the new suites for just \$35 more.**

* Check in and camp information will be emailed to you upon registration. Get forms at www.clariongoldeneagles.com/wrestling.



Please enroll me in the 2016 Clarion University Wrestling Camp. It is understood that Clarion University, the directors, or anyone connected with the camp will not assume any responsibility for accidents, or any medical, dental, or other expenses incurred as a result of accidents.

Name _____ E-mail _____ Age ____ Weight ____
(required)

Address _____
Street City State Zip

Cell Phone _____ H.S. _____ Grade September 2016 ____
Area code

H.S. Coach _____ Accompanying Adult (Father/Son event) _____

**Team Camp
June 19-22**

- Resident: \$349
- Commuter: \$275
- Coach: \$75
- A/C: \$35

**Technique Camp
June 19-22**

- Resident: \$349
- Commuter: \$275
- Coach: \$75
- A/C: \$35

**Father/Son Camp
June 24-26**

- Father/son: \$249*
 - Add. sibling: \$110*
- *Includes A/C

**FEES INCLUDE
HOUSING AND MEALS!**

- Need day before check-in (\$35) for any camp?



Team and Technique: \$299 if postmarked by 5/12/16

Call about commuter team rates!

I (parent/guardian) certify my son has no injury or illness which could jeopardize his well-being by participating in activities of the Clarion University Wrestling Camps.

Signature _____ Date _____

Return application and \$50 deposit (payable to Clarion University) to:
 CU Golden Eagles Wrestling Camp, 840 Wood Street, Clarion, PA 16214-1232

Check (no. _____) Money Order

How did you learn of this camp?

- Brochure Internet Ad Website Word of Mouth WIN magazine PA Wrestling Roundup PA Wrestling News PA Wrestling Newsmagazine

It is the policy of Clarion University of Pennsylvania that there shall be equal opportunity in all of its educational programs, services and benefits, and there shall be no discrimination with regard to a student's or prospective student's race, color, religion, sex, national origin, disability, age, sexual orientation/affection, gender identity, veteran status or any other factors that are protected under local, state, and federal laws. Direct related inquiries to the Director of Social Equity, Second Floor Carrier Administration Building, Clarion University of Pennsylvania, Clarion, PA 16214-1232. Email asalsgiver@clarion.edu or phone 814-393-2109.

I, _____, Parent or Guardian of _____
(Name of Parent or Guardian) *(Name of Child)*

desire for my child to participate in Sports Camp/Clinic at Clarion University on

(Dates)

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of the facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume on behalf of my child all risk of possible death, harm or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to all bodily organs and functions. I am aware of the risk of participation in this designed activity. I have carefully considered how the possible consequences of injury may impact my child's life, and I choose to accept this risk and allow him/her to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Clarion University Foundation, Inc., Clarion University of Pennsylvania, Pennsylvania's State System of Higher Education, the Commonwealth of Pennsylvania and the employees, officials or agents of any and all of the foregoing, pursuant or pertaining or related to, or arising from, in any manner, injuries to my child as a result of his/her participation in this activity.

By my signature below, I certify that I completely understand this document.

Signature of Parent of Guardian

Date

Witness

Date

CLARION UNIVERSITY

Sports Camp/Clinic Medical Information

Name of Athlete _____ Telephone () _____

Please list camp(s) ~~State~~ that you plan to attend:

1: _____ From ____ / ____ / ____ to ____ / ____ / ____
2: _____ From ____ / ____ / ____ to ____ / ____ / ____
3: _____ From ____ / ____ / ____ to ____ / ____ / ____
4: _____ From ____ / ____ / ____ to ____ / ____ / ____

COMPLETE ALL SECTIONS

Please print

1. Home Address _____ Date of Birth _____
City _____
State _____ Zip _____

2. Father/Guardian _____	Mother/Guardian _____
Address _____	Address _____
Telephone () _____	Telephone () _____
Employer _____	Employer _____
Telephone () _____	Telephone () _____

Please indicate another person that is likely to know where you can be contacted:

Name _____ Relationship _____ Telephone () _____

If you plan to be away from home the week your son/daughter is in camp, please indicate times and procedure that you may be contacted. _____

FEES FOR MEDICAL TREATMENT INCURRED BY YOUR SON/DAUGHTER WHILE AT CAMP WILL BE THE RESPONSIBLE OF THE PARENT/GUARDIAN. AN INSURANCE POLICY WILL NOT BE INCLUDED IN THE CAMP FEES. IF YOUR SON/DAUGHTER SHOULD REQUIRE MEDICAL TREATMENT WHILE AT CAMP, AND YOU WISH THE COST FOR TREATMENT TO BE COVERED UNDER YOUR MEDICAL INSURANCE PLAN, PLEASE PROVIDE THE FOLLOWING INFORMATION.

3. Basic Medical _____	Major Medical _____
Company or Plan _____	Company or Plan _____
Address _____	Address _____
Telephone () _____	Telephone () _____
Policy Number _____	Policy Number _____
Group Number _____	Group Number _____

PLEASE COMPLETE THE INFORMATION ON REVERSE SIDE OF THIS FORM

Is the athlete on any medication of any kind? Yes No

If YES, please list medication(s), reason for taking, and any special instructions

Drug Allergies or Sensitivities _____

Other Allergies _____

Does the athlete require special medical needs? Yes No

If YES, please explain: _____

Please read BOTH statements below and sign the ONE of your choice! DO

NOT SIGN MORE THAN ONE!

Both parents/guardian should sign one of the following sections. If one of the parents is unavailable, the signature of the available parent is sufficient. However, if the parents are divorced, only the parent having custody of the athlete should sign. If the athlete has a legal guardian(s), the guardian(s) should sign.

1. If my son/daughter needs medical attention while at sports camp/clinic at Clarion University, it is my wish that I be contacted before any medical procedures are performed, unless immediate emergency treatment is necessary to save my son/daughter's life, or to prevent permanent debilitating injury.

Parent(s)/Guardian(s) _____ Date ____ / ____ / ____

2. If my son/daughter needs medical attention while at sports camp/clinic at Clarion University, it is my wish that the treatment be begun while efforts are being made to contact me. So that treatment will not be delayed, I consent to any medical procedures that the attending physician believes to be appropriate, with the understanding that efforts will continue to be made to contact me. I also accept responsibility for all costs related to such treatment.

*Exceptions. If there are any medical procedures that you do not want performed until you are contacted, please list them in the space provided. Otherwise, write "none". _____

Parent(s)/Guardian(s) _____ Date ____ / ____ / ____

If the athlete is 18 years of age, he/she must also sign this agreement

_____ Date ____ / ____ / ____